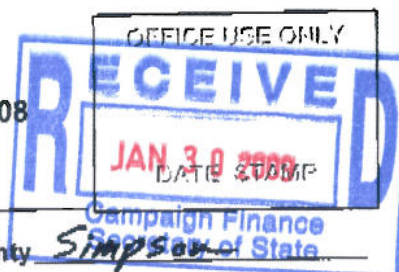


2008 ELECTION CYCLE  
CPR - SS 08-02(b)

POLITICAL COMMITTEE'S REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS



Name of Committee Friends of Andy Gipson  
Address 414 Holly Grove Circle, Braxton, MS 39044 County Simpson  
Telephone 601-847-0417 (Fax) 601-949-4804  
Treasurer Chris Dunn Email Address gipson.andy@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
X January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-18-807 (b) (II) and (III).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(Itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>1,450.00<sup>+</sup> 0</u>	<u>\$ 1,450.00</u>	<u>\$ 1,450.00</u>
Total amount of disbursements \$	<u>2,713.96<sup>+</sup> 1,112.98</u>	<u>\$ 3,826.94</u>	<u>\$ 3,826.94</u>
Total amount of cash on hand \$		<u>414.22</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Officer) Andy Gipson

(Date) 1-30-09

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee Friends of Andy Gipson  
Reporting period 1-1-08 through 12-31-08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific Financial Managers</u>		<u>11/18/08</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 45067</u>		___/___/___	\$
City, State, Zip Code <u>Jacksonville, FL 32232</u>		___/___/___	\$
Name of Employer (Required) <u>N/A</u>		___/___/___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T BellSouth Employees PAC MS</u>		<u>11/18/08</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. Capitol St., Landmark Center</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		___/___/___	\$
Name of Employer (Required) <u>N/A</u>		___/___/___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hickory Properties, Inc.</u>		<u>1/12/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1490</u>		___/___/___	\$
City, State, Zip Code <u>Magee, MS 39111</u>		___/___/___	\$
Name of Employer (Required) <u>N/A</u>		___/___/___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u><del>XXXXXXXXXX</del></u>		___/___/___	\$
Mailing Address <u><del>XXXXXXXXXX</del></u>		___/___/___	\$
City, State, Zip Code <u><del>XXXXXXXXXX</del></u>		___/___/___	\$
Name of Employer (Required) <u><del>XXXXXXXXXX</del></u>		___/___/___	\$
Occupation (Required) <u><del>XXXXXXXXXX</del></u>		Aggregate year-to-date	\$

N/A



Page 1 of 1

Name of Candidate or Committee Friends of Andy Gipsen  
 Reporting period 1-1-08 through 12-31-08

## ITEMIZED DISBURSEMENTS

A. Full name <u>Andy Gipsen</u>	Date (Mo., Day, Year) <u>1/24/08</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address <u>414 Holly Grove Circle</u>		
City, State, Zip Code <u>Braxton, MS 39044</u>	<u>1/24/08</u>	\$
Purpose of Disbursement (Optional) <u>Campaign debt retirement</u>	Aggregate Year-to-date	\$ <u>1,000.00</u>
B. Full name <u>Smith for Speaker</u>	Date (Mo., Day, Year) <u>1/2/08</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 681</u>		
City, State, Zip Code <u>Columbus, MS 39703</u>	<u>1/2/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>
C. Full name <u>Rankin County News</u>	Date (Mo., Day, Year) <u>2/15/08</u>	Amount of each disbursement this period \$ <u>213.96</u>
Mailing Address <u>207 W. Government St</u>		
City, State, Zip Code <u>Brandon, MS 39042</u>	<u>2/15/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>213.96</u>
D. Full name <u>Braxton Fire &amp; Rescue</u>	Date (Mo., Day, Year) <u>5/9/08</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>106 W. Main St.</u>		
City, State, Zip Code <u>Braxton, MS 39044</u>	<u>5/9/08</u>	\$
Purpose of Disbursement (Optional) <u>contribution to Fundraiser</u>	Aggregate Year-to-date	\$ <u>500.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

N/A

**Watkins Ludlam Winter & Stennis, P.A.**  
ATTORNEYS AT LAW

190 E. CAPITOL ST., SUITE 800 (39201)  
POST OFFICE BOX 427  
JACKSON, MISSISSIPPI 39205

TEL (601) 949-4900  
FAX (601) 949-4804

**FAX COVER SHEET**

**PLEASE DELIVER THE FOLLOWING PAGES TO:**

<b>NAME:</b>	<b>FAX NO.:</b>	<b>LOCATION:</b>
Delbert Hosemann Secretary of State	601-359-1499	Elections Division

**DATE:** January 30, 2009  
**FROM:** J. Andrew Gipson  
**SUBJECT:** Friends of Andy Gipson

**TOTAL NO OF PAGES INCLUDING COVER SHEET:** 4

**DESCRIPTION OF DOCUMENT/COMMENTS:**

**INTERNAL CLIENT/MATTER NUMBER:** 00000.00000

**IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL:** Sherry Boyd (601) 949-4737

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